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Joint United Nations Programme on HIV/AIDS

1997 UNAIDS In-country
Status Assessment

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Contents

Summary

The UNAIDS Secretariat conducted its second assessment of UNAIDS at country level in March 1998. This assessment included an appraisal of UN Theme Groups on HIV/AIDS and a 360-degree evaluation in which major country partners assessed the role and efforts of themselves and all other partners in the response to the epidemic. The assessment showed substantial progress in United Nations system coordination on HIV/AIDS since 1996. It also helped to identify and understand areas of weakness.

In 1997, UN Theme Groups on HIV/AIDS built on the foundations for coordination, begun in 1996. A large majority of Theme Groups reported strong participation of the United Nations Resident Coordinator and national government representatives in Theme Group activities. Many Theme Groups in countries with no resident UNAIDS Secretariat staff reported the appointment of a UNAIDS Focal Point in one of the Cosponsoring Organizations. Most also reported that a UN Technical Working Group on HIV/AIDS had been established increasingly including representatives from the national government, non-governmental organizations and bilateral donors.

Between 1996 and 1997, UN Theme Groups on HIV/AIDS made significant progress in the areas of integrated planning and coordinated implementation of HIV/AIDS activities. For example, while 21% of Theme Groups reported having established a coordinated approach for communicating with the national government in 1996, 76% reported doing so in 1997. Similarly, while only 22% of Theme Groups reported coordinated United Nations system participation in the formulation of national strategic plans on HIV/AIDS in 1996, almost 51% reported doing so in 1997.

This progress in United Nations system coordination on HIV/AIDS is also reflected in the perceptions of the major partners in the national response to the epidemic. Over half of the respondents rated the role of United Nations agencies in this response as strong or very strong. The main expectations for the United Nations agencies include funding for HIV/AIDS activities in countries and the provision of technical expertise and information on best practices.

Despite the overall progress in United Nations system coordination on HIV/AIDS, some limitations persist. The involvement of Cosponsors in Theme Groups has been uneven, with more participation from UNDP, WHO, UNICEF and UNFPA, and less from the World Bank. While 50% of the Theme Groups have formulated workplans on HIV/AIDS, few of these are integrated United Nations workplans including indicators for monitoring progress. While UN Theme Groups on HIV/AIDS have been successful in increasing coordination with national governments, they have been less successful in collaborating with other partners in the response to the epidemic. Finally, where there is no resident UNAIDS Secretariat staff to assist the UN Theme Group on HIV/AIDS, UNAIDS Focal Points in the Cosponsoring Organizations are not able to devote sufficient time to Theme Group activities.

I.   Introduction

Cosponsored by UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank, UNAIDS takes a unique collaborative approach to addressing the HIV/AIDS epidemic. This is evident at country level, where UNAIDS can best be described as the sum of HIV/AIDS-related work carried out by its six Cosponsors, working jointly, with the support of UNAIDS Secretariat staff and the backing of the wider United Nations system. UNAIDS at country level comprises a UN Theme Group on HIV/AIDS which is often supported by a UN Technical Working Group on HIV/AIDS and a resident UNAIDS Secretariat staff (UNAIDS Country Programme Adviser) or a UNAIDS Focal Point in one of the Cosponsoring Organizations. With a core consisting of the representatives of the Cosponsoring Organizations, the UN Theme Group on HIV/AIDS is a coordination mechanism for the United Nations system's response to HIV/AIDS in countries rather than an entity in and of itself.

The 1996 UNAIDS In-country Status Assessment revealed that in many countries, the United Nations system had initiated coordination, during the first year of operation of UN Theme Groups on HIV/AIDS ("Theme Groups"). Most Theme Groups reported that their objectives and functions had been agreed upon; that chairs had been designated; and that the responsibilities of Theme Group members and the United Nations Resident Coordinator were understood and agreed upon. A large proportion also reported ongoing exchange of information among Theme Group members.

Progress in the key outputs of Theme Groups – those actions that should facilitate a stronger and more coordinated United Nations response to the HIV/AIDS epidemic at country level – was more modest. Only a few Theme Groups reported progress in integrated planning of United Nations system HIV/AIDS activities and coordinated implementation of these activities.

Given that most Theme Groups were established over the course of 1996, the level of progress achieved is understandable. Important facilitating factors included strong commitment to coordination and pre-existing good working relationships among Theme Group member agencies, as well as strong support and participation of the country representatives of Cosponsoring Organizations, including the United Nations Resident Coordinators. However, most Theme Groups also faced significant obstacles, including the United Nations system's lack of understanding of its new mode of functioning on HIV/AIDS at country level, and the limited support from Cosponsoring Organizations' headquarters and the UNAIDS Secretariat.

In response to these obstacles, the UNAIDS Secretariat produced the *Resource Guide for Theme Groups* distributed to all Theme Groups in 1998. This guide includes detailed sections on integrated planning and coordinated implementation of activities. Also, a meeting of the Cosponsoring Organizations was held in March 1998 to discuss improving coordination of United Nations system HIV/AIDS activities. As a result, UNDP, UNFPA and UNICEF sent letters to all of their representatives to encourage stronger commitment to United Nations system coordination on HIV/AIDS at country level.

To evaluate the evolution of United Nations system coordination and action on HIV/AIDS in 1997, the Secretariat conducted a second assessment of UNAIDS at country level. This report presents data on Theme Group functioning, participation in Theme Groups, Theme Group key outputs and a comparison with results from the 1996 UNAIDS In-country Status Assessment. It presents information on key partner perceptions of the response to the epidemic and

suggestions for strengthening the national response. It also makes recommendations to further strengthen the response of the United Nations system at country level.

II. Method

The 1997 Status Assessment included two questionnaires: the Theme Group Questionnaire and the National Response Questionnaire. The Theme Group Questionnaire was developed to determine the functioning of Theme Groups and to identify progress made in key outputs of Theme Groups. To measure Theme Group functioning, the questionnaires included questions on administrative issues of the Theme Group and Technical Working Group, Cosponsor participation in Theme Group activities and the participation of other key partners in the group. To measure the key outputs of Theme Groups, the questionnaire addressed items such as integrated United Nations workplans on HIV/AIDS, coordinated communication with national governments, advocacy undertaken by the United Nations system, United Nations participation in national strategic planning on HIV/AIDS, resource mobilization, and monitoring and evaluation of these activities.

The Theme Group questionnaire was distributed to UNAIDS Country Programme Advisers and UNAIDS Focal Points, in countries where they exist, and to Theme Group chairs, in other countries. They were asked to indicate whether or not each of the processes and activities had been carried out by the Theme Group.

Many of the questions included in the Theme Group Questionnaire replicated questions from the 1996 Status Assessment. By comparing responses given for the two successive years, progress in United Nations system coordination on HIV/AIDS can be ascertained. Comparison cannot be made on all issues, however, as the questionnaire was revised based on feedback from respondents to the 1996 Status Assessment.

The National Response Questionnaire was an addition to the 1997 UNAIDS In-country Status Assessment. The questionnaire sought to capture the perceptions of roles played by the different partners in operationalizing an expanded response to HIV/AIDS. Copies of this questionnaire were distributed to key partners in the national government, civil society, bilateral agencies and United Nations agencies. It enabled a 360-degree evaluation, since each partner assessed others on level of commitment, level of technical capacity, resource allocation, level of coordination, and participation in national strategic planning.

Both questionnaires were sent (in English, French and Spanish) in March 1998 to the 126 countries where UN Theme Groups on HIV/AIDS have been established (see Annex 1).

III. Results

As of 30 July 1998, the Secretariat had received 86 Theme Group Questionnaires (68% of total). The response rate varied by region (see Table 1). A list of the individual countries whose Theme Groups responded to the questionnaire is in Annex 2.

Table 1. Responses to Theme Group Questionnaire by Sub-region

Sub-region	Responses Received	Countries with UN Theme Groups on HIV/AIDS per Sub-region	Response Rate
Pacific	2	3	67%
Europe	13	17	76%
Asia	18	23	78%
North Africa and Middle East	7	11	64%
Sub-Saharan Africa	31	45	69%
Latin America	9	17	53%
Caribbean	6	10	60%
Total	**86**	**126**	**68%**

A. Functioning of UN Theme Groups on HIV/AIDS

Most Theme Groups reported holding regular meetings. Over 80% of Theme Groups reported meeting at least three or four times in 1997, and 30% reported having met bimonthly to monthly. A majority of Theme Groups have adopted terms of reference. Slightly less than half of Theme Groups have established rotation cycles for the Theme Group chair.

Most Theme Groups reported strong participation of the United Nations Resident Coordinator in Theme Group activities (see Table 2). Most reported that the Resident Coordinator attended all or most Theme Group meetings held in 1997. Most also reported that the Resident Coordinator provided a summary of Theme Group activities in his/her annual report to the Secretary-General of the United Nations.

Table 2. Functioning of UN Theme Groups on HIV/AIDS

Operations	Percentage of Theme Groups
UN Resident Coordinator provided a summary of Theme Group activities in annual report to UN Secretary-General	75%
UN Resident Coordinator attended all or most meetings	73%
Technical Working Group established	67%
Theme Group terms of reference adopted	57%
UNAIDS Focal Point appointed*	51%
Technical Working Group terms of reference adopted	44%
Theme Group chair rotation cycle established	40%
Theme Group deputy chair appointed	15%

*Only includes countries where there is no UNAIDS Country Programme Adviser.
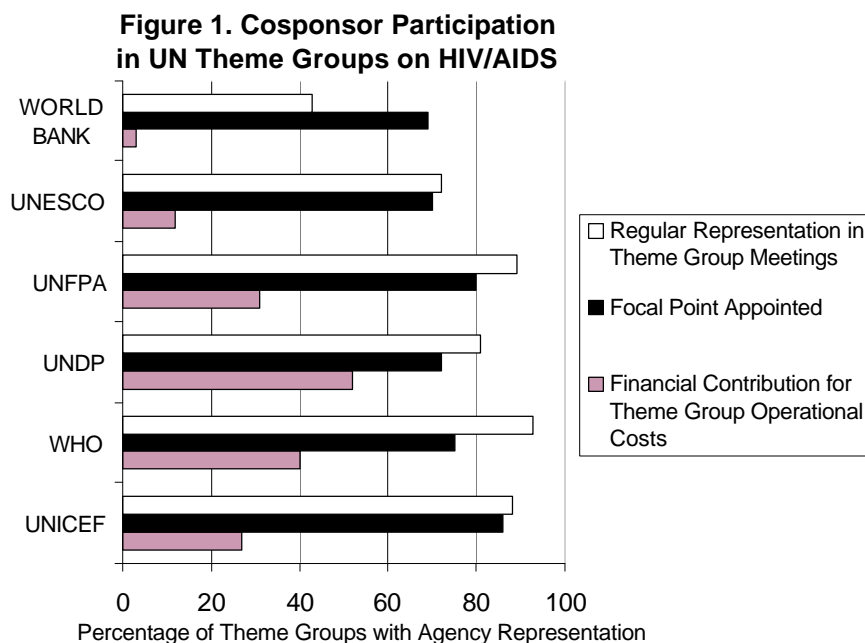
Approximately half (51%) of the Theme Groups without UNAIDS Country Programme Advisers reported the appointment of a UNAIDS Focal Point in one of the Cosponsoring Organizations. However, only 30% of Theme Groups with a UNAIDS Focal Point reported that the Focal Point was able to allocate as much time to Theme Group work as was agreed upon and felt to be necessary. This means that 65% of Theme Groups included in this survey are adequately served by a UNAIDS Country Programme Adviser or a UNAIDS Focal Point.

Technical Working Groups serve as the operational arm of Theme Groups overseeing day-to-day activities. Most Theme Groups reported that a Technical Working Group had been established. Approximately two-thirds of the Technical Working Groups reported meeting up to four times in 1997; the other third reported having met bimonthly to monthly. Slightly less than half of Technical Working Groups have adopted terms of reference.

B.   Cosponsor Participation in UN Theme Groups on HIV/AIDS

Theme Group membership varied with Cosponsor representation in countries. Membership in the Theme Groups was highest for WHO, UNDP and UNICEF. WHO was a member of all reporting Theme Groups, UNDP a member in all but one and UNICEF a member of all but three reporting Theme Groups. UNFPA was a member of 88% of Theme Groups, while UNESCO and the World Bank were members of 67% of reporting Theme Groups.

The global participation of Cosponsors in Theme Groups differs in part due to varying levels of representation in countries. To eliminate this bias, agency participation was calculated using only Theme Groups where the agency has regular representation and thus was a full member of the Theme Group. The participation of the six Cosponsors still varies greatly (see Figure 1).

Figure 1. Cosponsor Participation in UN Theme Groups on HIV/AIDS

Legend:
- □ Regular Representation in Theme Group Meetings
- ■ Focal Point Appointed
- ▨ Financial Contribution for Theme Group Operational Costs

X-axis: Percentage of Theme Groups with Agency Representation (0 to 100)

Categories (top to bottom): WORLD BANK, UNESCO, UNFPA, UNDP, WHO, UNICEF

WHO, UNDP, UNICEF, and UNFPA all played active roles in most of the Theme Groups of which they were members. The participation of the World Bank was considerably less than that of the other Cosponsors. For example, while the World Bank appointed a focal point for HIV/AIDS in most countries where it was a member of the Theme Group, the World Bank's participation in Theme Group meetings was very infrequent. The majority of Theme Groups reported that the World Bank member rarely or never attended meetings.

C.   Participation of Key Partners in UN Theme Groups on HIV/AIDS

Forty-one percent of the Theme Groups reported the membership of other United Nations agencies. FAO (12% of Theme Groups), UNHCR (10% of Theme Groups), UNDCP (9% of Theme Groups) and ILO (9% of Theme Groups) were the agencies most frequently listed as members. Forty-one percent of Theme Groups with Technical Working Groups also reported the membership of these agencies in their Technical Working Group.

Theme Groups have also been successful in collaborating with national governments (see Figure 2). Almost two thirds (65%) of Theme Groups reported that the national government was regularly represented at Theme Group meetings. About half (45%) of the Theme Groups with Technical Working Groups reported that the government was a member of the Technical Working Group and 10% reported that a government representative had been chair of the Technical Working Group.

Figure 2. Participation of Key Partners in UN Theme Groups on HIV/AIDS
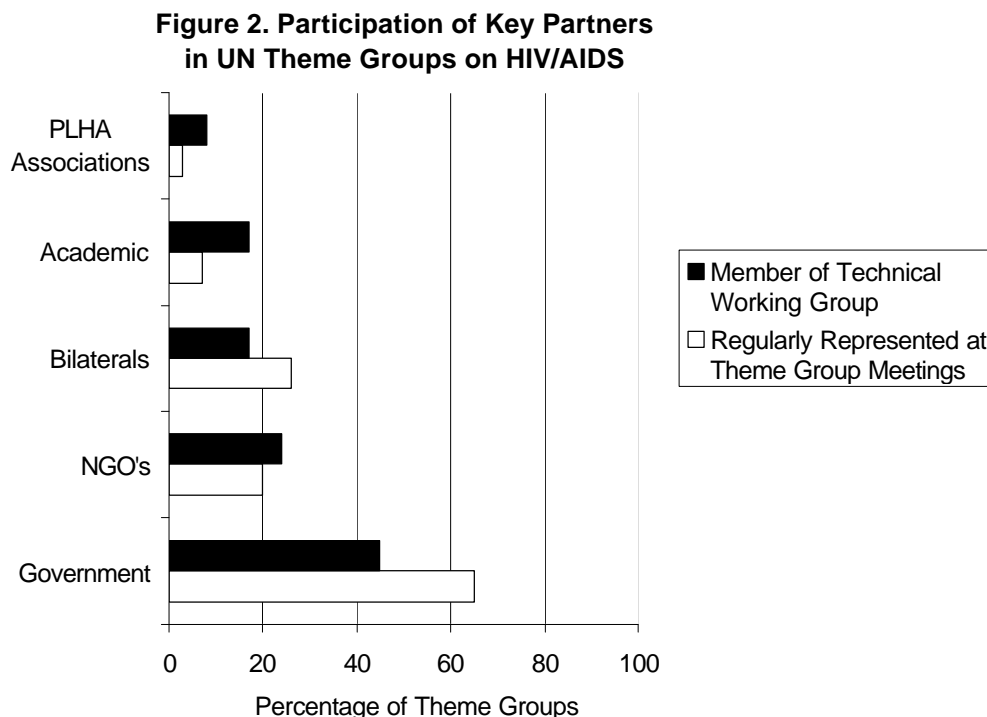
Theme Groups have been less successful in establishing formal links with other key partners (see Figure 2). Just over one fifth of Theme Groups reported the regular representation of non-governmental organizations and/or bilateral agencies in Theme Group meetings. Still fewer Theme Groups reported the regular representation of either academic institutions or associations of people living with HIV/AIDS (PLHAs) in these meetings. The same pattern held for the membership of these partners in Technical Working Groups. One fourth of Theme Groups reported the membership of non-governmental organizations, bilateral agencies and/or academic and research institutions in Technical Working Groups. Very few reported the membership of PLHA associations.

D.   Key Outputs: Coordinating the United Nations Response to HIV/AIDS

The majority of Theme Groups reported that they have adopted a coordinated approach to communicating with the government on HIV/AIDS issues.   All of these Theme Groups reported regular briefings with the government, attended by senior government officials (see Table 3). Although few Theme Groups reported the regular participation of bilateral agencies in the Theme Group and Technical Working Group meetings, three-quarters of the Theme Groups did report regular interaction with these agencies.

Most Theme Groups reported that they had conducted an inventory of United Nations activities on HIV/AIDS. Almost half of the Theme Groups reported that they had formulated and approved an integrated United Nations workplan on HIV/AIDS, most of which are based on the national HIV/AIDS plans. Half of these plans were attached to the questionnaires. It must be noted that most of the plans received were plans of Theme Group activities rather than integrated United Nations workplans. Also, few Theme Groups reported that they prepared and implemented an integrated United Nations workplan that included indicators for monitoring progress. Still fewer Theme Groups reported having assessed performance with these indicators.

Table 3. United Nations Integrated Planning and Activities

Key Outputs	Percentage of Theme Groups
Coordinated approach to communicating with government adopted	76%
Regular briefings held with bilateral agencies	75%
Inventory of UN activities on HIV/AIDS conducted	74%
Participation in country situation analysis on HIV/AIDS	57%
Resources mobilized	51%
Participation in formulation of national strategic plan on HIV/AIDS	51%
Integrated UN workplan on HIV/AIDS prepared and approved	48%
Joint advocacy plan developed	31%
UN integrated workplan includes indicators to monitor progress	23%
Performance assessment conducted	16%

Over half of the Theme Groups reported participation in the situation analysis on HIV/AIDS conducted in their country. This involvement took various forms, including funding and providing technical assistance. A similar pattern of involvement was reported with regard to the formulation of a national strategic plan for an expanded response to HIV/AIDS. Roughly half of the Theme Groups reported that member agencies provided funding and/or technical

assistance to the strategic planning process. Half of the Theme Groups in countries without a broad-based and multisectoral strategic plan reported advocating for the formulation of such a plan.

Half of the Theme Groups reported that members had mobilized funds at country level for jointly sponsored HIV/AIDS activities. Because the Theme Group is not an entity in and of itself, resource mobilization entails member agencies mobilizing resources to finance the UN integrated workplan. As discussed above, it appears that many Theme Groups have plans of jointly sponsored activities rather than UN integrated workplans. This means that Theme Group mobilization of funds as reported here usually entails member agencies and other partners contributing resources for joint activities such as training workshops or World AIDS Day activities.

E.   Progress in the Development of UN Theme Groups on HIV/AIDS

One of the findings of the 1996 Status Assessment was that Theme Groups evolved significantly in the area of coordination, but only incidentally did this reach the level of integrated planning and coordinated implementation of activities. The 1997 Status Assessment reveals that Theme Groups have made progress in integrated planning and coordinated implementation of activities. Theme Groups have improved during the last year in all key outputs that can be compared between 1996 and 1997 (see Figure 3).

**Figure 3. Progress in Key Outputs
of UN Theme Group on HIV/AIDS, 1996-1997**
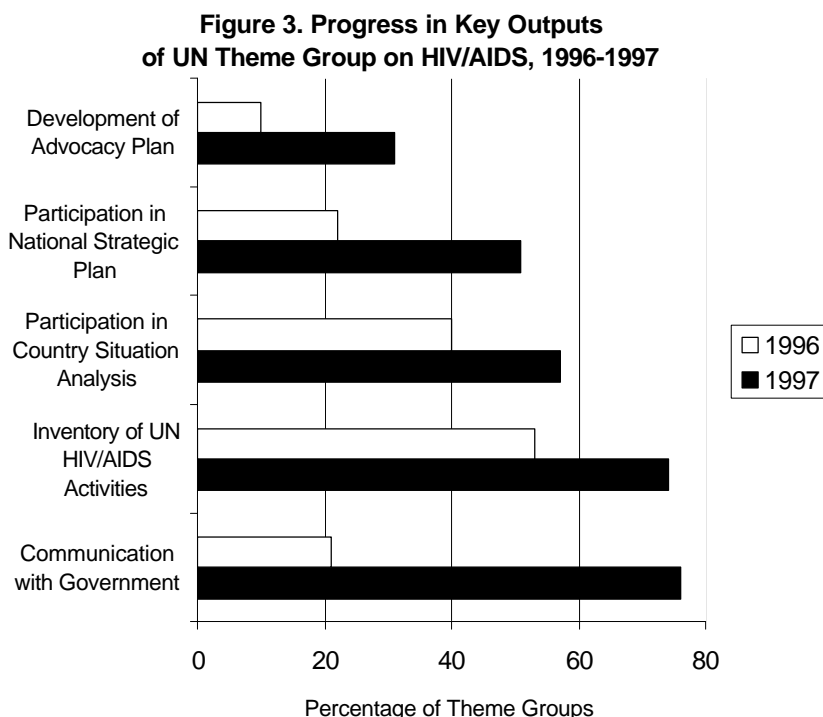
1. Communication with National Governments

Respondents to the 1996 Status Assessment highlighted collaboration with national authorities as a key factor in a strong United Nations system response to HIV/AIDS at country level. While only 21% of Theme Groups reported having established a coordinated approach for communicating with the national government in 1996, 76% reported doing so in 1997.

2. Inventory of United Nations HIV/AIDS Activities

One of the key steps in coordinated implementation of activities is conducting an inventory of United Nations HIV/AIDS activities. While 53% of Theme Groups reported having conducted an inventory of United Nations HIV/AIDS activities in 1996, 74% of Theme Groups reported doing so in 1997.

3. Situation Analysis and Strategic Planning

A key priority for UNAIDS is to support governments in promoting a strategic approach to planning for an expanded response to the HIV epidemic. This approach includes conducting a country situation analysis on HIV/AIDS and the formulation of multisectoral national strategic plans based on these analyses. While 40% of Theme Groups reported participation in the conducting of situation analyses in 1996, 57% reported participation in 1997. Likewise, while only 22% of Theme Groups reported participation in the formulation of national strategic plans in 1996, 51% reported doing so in 1997.

4. Joint Advocacy Plan

Advocacy for a multisectoral response to the HIV/AIDS epidemic and involvement of a greater number of partners in this response is one of the objectives of UNAIDS. While 10% of Theme Groups reported developing a joint advocacy plan in 1996, 31% reported doing so in 1997.

F.   UN Theme Groups on HIV/AIDS and the Key Output Summary Score

In an attempt to measure the overall output of Theme Groups, a summary score of Key Outputs was derived. This measure is the sum of 9 of the key outputs listed in Table 3. The measure excludes the completion of a performance assessment since it may be understandable that such an assessment would not be conducted during the first two years of Theme Group operation. A score of one is given if the activity has been performed; a score of zero is given if the activity has not been done. A Theme Group's score on key outputs can therefore range from a low of 0 to a high of 9.

As can be seen in Table 4, only three Theme Groups reported completing all nine key outputs. Likewise, three Theme Groups reported completing none of the key activities. Overall, Theme Groups averaged a Key Output score of 5 on the nine-point scale (also the median score).

Table 4. UN Theme Groups on HIV/AIDS and the Key Output Summary Score

Key Output Score	Number of Theme Groups	Percentage of Theme Groups
0	3	3.6%
1	3	3.6%
2	5	6.0%
3	8	9.6%
4	10	12.0%
5	19	22.9%
6	14	16.9%
7	12	14.5%
8	6	7.2%
9	3	3.6%

G.   Perceptions of the Response to the Epidemic

As of 30 July 1998, the Secretariat had received 844 National Response Questionnaires from a total of 108 countries. The responses received varied by region and by country. A list of the individual countries from which questionnaires were received is in Annex 3.

The responses received also varied by respondent (see Table 5). There were nine categories of respondents to this questionnaire.   Most respondents were members of United Nations agencies, national governments, non-governmental organizations, associations of people living with HIV/AIDS, international non-governmental organizations, religious institutions, academic or research institutions, and bilateral agencies.   The largest proportion of responses was received from United Nations agencies, national governments and non-governmental organizations (see Table 5). A key point to note regarding this questionnaire is that there is an inherent sample bias. The questionnaire could not be distributed to all key partners in each country. Copies of the questionnaire were sent to UNAIDS Country Programme Advisers, UNAIDS Focal Points and Theme Group chairs for distribution.

Table 5. Responses to National Response Questionnaire
by Category of Respondents

Organization	Number	Percentage of Responses
United Nations	268	32%
National Government	149	18%
Non-governmental organizations	137	16%
PLHA associations	26	3%
International non-governmental organizations	62	7%
Religious Institutions	29	3%
Academic/Research Institutions	38	5%
Bilateral Agencies	56	7%
Other	78	9%

As discussed above, this questionnaire addressed five areas. It included questions on the level of commitment to address the HIV/AIDS epidemic; the technical capacity to address the epidemic; the resource allocation for various HIV/AIDS activities; the level of coordination between partners in addressing the epidemic; and strategic planning for the response to the epidemic.

For each of these areas, ratings were reported separately for United Nations agencies, bilateral agencies, civil-society organizations and the national government. For each of these broad categories, respondents were asked to rate both the current state of the response (on a scale of very weak to very strong) as well as the change in the response over the past twelve months (on a scale of much worse to much better). Because of a strong clustering of responses around the means for both measures for questions about the current state of the response, the percentage of respondents who rated strong or very strong is reported. For questions about change over the past twelve months, the average scores have been transformed into a 5-point scale (–2 representing much worsened, 0 representing no change, and + 2 representing much improved).

Given the unequal number of responses per country, and the difference among countries in the types of respondents, it was not possible to determine differences among countries on the national response questionnaire. However, analyses were performed to see if there were differences in perceptions about the nature of the response to the epidemic among the different types of respondents. To make this comparison, the nine respondent types were collapsed into four broad categories: United Nations agencies, national governments, civil society organizations (including non-governmental organizations, PLHA associations, religious institutions, and academic/research institutions), and international organizations (comprised of international non-governmental organizations and bilateral donor organizations). Analyses were then performed on each measure. Overall, there were few reliable differences among the ratings of the four types of respondents. Therefore, the paper presents the overall ratings (collapsing on respondent type) and reports significant differences on ratings between the different types of respondents.

The survey was designed as a perception survey, a methodology that is well established and used to measure programme efforts and progress in a variety of areas including family health. Such surveys do not aim to collect information on tangible products or "hard" indicators. Rather, they seek the perception of key informants who are knowledgeable in a specific field. The disadvantage of this approach is that answers are difficult to standardize. The advantage is that the perception of a key informant may cover a broad area of issues without going into a large number of defined indicators. The larger the number of key respondents, the more robust the results will be.


1. Perceived Level of Commitment

Overall, the level of commitment to address the HIV/AIDS epidemic was rated highest for United Nations agencies (see Figure 4a). Sixty-eight percent of all respondents rated the United Nations system's current level of commitment to HIV/AIDS as strong or very strong. For the bilateral agencies, 55% rated commitment as strong or very strong, for civil-society organizations, 42%, and for government, 53%.

The perceived change in commitment over the last year also showed improvement (see Figure 4b). As with the measure of the current level of commitment, the United Nations agencies were rated as showing the largest degree of improvement.

There were differences among the four types of respondents and how they rated both the current and change in the level of commitment shown by the government. On these two measures, the government respondents rated the level of government commitment higher than did the respondents from international organizations and civil society organizations.

Figure 4a. Perceptions on the Response to the Epidemic by Category of Organizations (Current Situation)
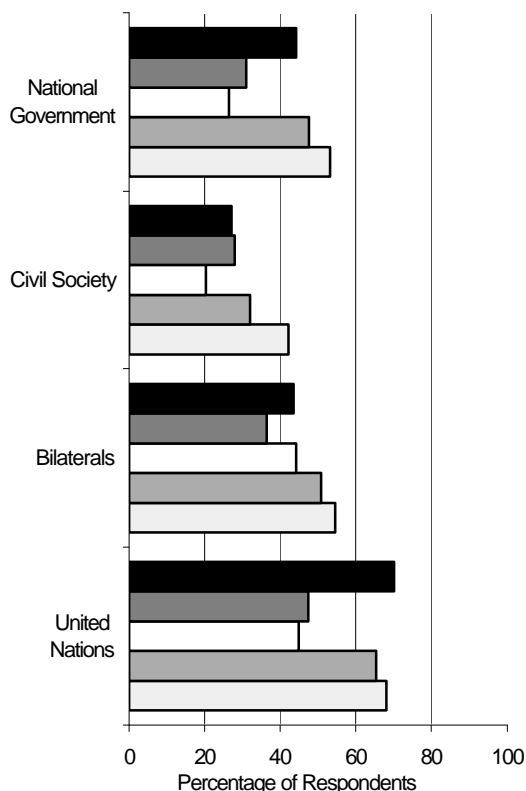
Figure 4b. Perceptions on the Response to the Epidemic by Category of Organizations (Change in Last Year)

Legend:
- ■ Strategic Planning
- ▨ Coordination
- □ Resource Allocation
- ▨ Technical Capacity
- □ Commitment

Figure 4a categories (y-axis): National Government, Civil Society, Bilaterals, United Nations
X-axis: Percentage of Respondents (0, 20, 40, 60, 80, 100)

Figure 4b x-axis: -2 (Much Worse), -1, 0 (No Change), 1, 2 (Much Better)

2. Perceived Level of Technical Capacity

Overall, the UN agencies were also rated as having the highest technical capacity. Sixty-five percent of respondents rated the current level of UN technical capacity as strong or very strong. For the bilateral agencies 51% rated it as strong or very strong, for civil society organisations 32%, and government 48%.
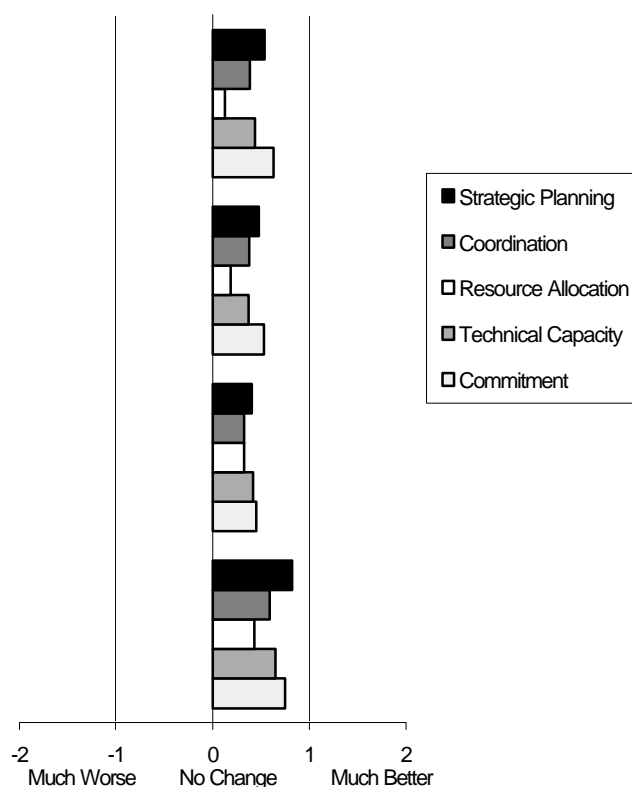
The perceived change rating in the last year showed the same pattern of results. Overall, the responses suggest that the technical capacities of all organisations were rated as moderate, but with an increase in this capacity during the last year.

There were differences among the respondents on how they rated both the current and change in technical capacity of the government. As with perceived level of commitment, respondents from the government rated themselves higher than the respondents from international organizations and civil society organizations. In addition, there was a difference between the respondents on how they rated the change in the level of technical capacity of the United Nations over the past 12 months. On this measure, both respondents from the national governments and the United Nations rated higher than did respondents from international organizations.

3.   Perceived Level of Resource Allocations

Only 45% of all respondents rated the magnitude and effectiveness of United Nations resources made available to HIV/AIDS activities as appropriate (strong or very strong). Still, these ratings were slightly higher than for the other partners. Bilateral agencies were rated as strong or very strong by 44% of the respondents, civil-society organizations by 20%, and national government by 26%.

While the rating of the current state of resource allocation was rather low, the rating for change over the last twelve months in resource allocation did show a perception that the situation was improving.

There were more differences among the respondents on the rating of magnitude and effectiveness of resource allocations. As with the other measures, government respondents rated the current and change in the last 12 months on resource allocation by the government more highly than did international or civil society organizations. In addition, on the rating of the current resource allocation by civil society organization, ratings were higher for the respondents from civil society organizations than from United Nations respondents. Finally, on the rating of the change in the last 12 months on resource allocation by United Nations agencies, the respondents from international organizations rated lower than did respondents from the other three organization types.

4.   Perceived Level of Coordination in the Response to the Epidemic

On the measure of coordination in the response, the United Nations agencies were rated highest. The percentage of respondents who rated the United Nations' coordination as strong or very strong was 48%. Thirty-six percent of respondents rated the bilateral agencies as strong or very strong, 28% rated civil-society organizations as such, and 31% felt that the government's coordination should be rated strong or very strong.

Respondents reported that coordination had improved over the past year. Again, the United Nations' coordination efforts were rated as having shown the most improvement.

There were differences among the respondents on how they rated both the current and change in the level of coordination of the government. As with the other measures, respondents from the government rated themselves higher than the respondents from international organizations and civil society organizations. In addition, there was a difference between the respondents on how they rated the change in the last 12 months in the coordination by civil society organizations. On this measure, respondents from the governments rated higher than did respondents from the United Nations.

5.   Strategic Planning for the Epidemic

Seventy percent of respondents rated the involvement of the United Nations in strategic planning as strong or very strong. Forty-four percent rated bilateral agencies' participation as strong or very strong, the participation of civil-society organizations was rated at 27%, and that of the government at 44%. Change in strategic planning over the past year was also rated

highly, and for both measures of strategic planning the average rating for United Nations organizations was slightly higher than for the other organizations.

There were differences among the respondents on how they rated both the current and change in the level of involvement in strategic planning by the government. As with the other measures, respondents from the government rated themselves higher than the respondents from international organizations and civil society organizations.   In addition, there was a difference between the respondents on how they rated the change in the last 12 months in the involvement in strategic planning by civil society organizations.   On this measure, the respondents from the national governments rated higher than did respondents from the United Nations and international organizations.

6.   Overall Perceptions

Overall, responses among the four types of respondents were compared on 40 different measures. There were differences among the respondents on 15 of these measures. Of these 15 differences, 10 of them showed the exact same pattern. The respondents from national governments rated all aspects of the government's responses higher than did respondents from civil society and international organizations. This consistent pattern suggests that there is a clear difference in perception in the quality of the national response to HIV/AIDS made by the government, with the government rating their response significantly higher than respondents for national and international organizations.

7.   Perceptions of Government Implementation of HIV/AIDS Activities

Respondents were also asked to rate the implementation of HIV/AIDS activities by 11 different government ministries. As with the other questions on the National Response Questionnaire, respondents were asked to rate both the current level of activities and change over the past year. More respondents rated the implementation of HIV/AIDS activities as strong or very strong for the Ministry of Health, followed by unspecified ministries, and the Ministries of Youth, Education, Women's Affairs, and Social Welfare (see Table 6). Also, the average rating of change over the past twelve months was generally positive. Again, the Ministries of Health and Education showed the greatest level of improvement.

Table 6. Perceptions of Government Implementation of HIV/AIDS Activities

Government Ministry	Percentage Ratings of Strong or Very Strong for Current Implementation	Ratings on Change in Last Year*
Agriculture	6.0	-0.19
Defence	29.8	0.34
Education	43.8	0.59
Finance	16.0	-0.05
Health	70.0	0.79
Labour	19.6	0.08
Social Welfare	34.3	0.31
Tourism	14.9	-0.04
Women's Affairs	38.1	0.42
Youth	43.6	0.53
Other	47.0	0.48

*A negative number represents the worsening of perceptions in the last year. A positive number represents the improvement of perceptions in the last year. Zero indicates no change in perceptions in the last year. Range: –2.5=much worsened; 0=no change; 2.5=much improved

As a measure of overall government implementation, currently and over the past year, two composite scores were used. These composites were the average rating given for the twelve ministries (including other, unspecified ministries). The composite ratings were compared for the different respondents. There were differences among organizations on how they rated the government's implementation (see Table 7). For current level of implementation, the religious institutions rated the government's activities significantly higher than did international non-governmental organizations and academic institutions. Governments also rated their activities highly, but these ratings were not significantly different from those of the other respondents. On the measure of change over the past twelve months, the government rated its activities as showing the most improvement. Here, the governments ratings of the degree of change in its own activities were significantly higher than the ratings given by academic institutions, bilateral organizations, associations of people living with HIV/AIDS, non-governmental organizations, and other non-specified organizations.

Table 7. Perceptions of Government Implementation by Organization Category

Organization Type	Current Implementation	Change in Last Year*
United Nations	2.93	0.40
National Government	3.34	0.62
Non-governmental organizations	2.86	0.18
PLHA associations	3.09	0.27
International non-governmental organizations	2.48	0.30
Religious Institutions	3.54	0.46
Academic/Research Institutions	2.67	0.06
Bilateral Agencies	2.55	0.10
Other	2.89	0.26
Total	2.94	0.35

*All numbers indicate improvement of perceptions in the last year.
Range: -2.5=much worsened; 0=no change; 2.5=much improved

H.   Suggestions for Strengthening the National Response

Respondents to the National Response Questionnaire also provided suggestions on strengthening the national response to HIV/AIDS in their particular country. They provided over 2250 suggestions for strengthening the national response and over 2360 suggestions for strengthening the role of the United Nations system in the response. Analysis of these responses revealed only limited variation across regions and category of respondents.

Increasing the involvement of civil society in the national response was the most frequently listed suggestion. Almost 17% of the responses pertained to increasing the involvement of national and international non-governmental organizations, PLHA associations, academic and research institutions, religious institutions and the private sector in the national response. Likewise, 12% of the responses on the role of the United Nations system related to increasing interaction between the United Nations agencies and civil-society organizations.

Many suggestions on the national response pertained to prevention and care. Almost 15% of the responses highlighted strengthening prevention efforts including IEC, prevention and care of sexually transmitted diseases (STDs), vulnerability reduction initiatives and blood safety. Strengthening prevention efforts was a priority for respondents from all regions. However, respondents from Europe and North Africa and the Middle East were significantly more likely to list this as a suggestion while respondents from Sub-Saharan Africa were significantly less likely to list this as a suggestion. Almost 8% of the responses raised the issue of improving access to care including access to drugs for the treatment of opportunistic infections and access to antiretrovirals.

Most of the other responses pertained to strengthening the government's role in the national response. Many responses highlighted reinforcing the government's role in resource mobilization (11%) and strengthening political commitment to address the epidemic (10%). Respondents from the Latin American and Caribbean region were significantly less likely to cite these as suggestions. Other responses underlined the need for governments to better coordinate the activities of all partners in the response (9%) and involve all government sectors in the response (8%). Finally, responses also highlighted the need for the governments to strengthen their technical capacity to address the epidemic as well as the technical capacity of their partners (7%).

The primary expectation from the United Nations agencies (in 20% of responses) pertains to the mobilization of resources by the United Nations system. This was by and large the top priority for respondents from all regions except the European region. The second most often cited suggestion pertains to the provision of technical expertise, technical training and sharing of information, especially best practice materials (18% of responses). This was by and large the top priority for the European region. It was the second priority for respondents in other regions.

Many responses highlight the need for better coordination by United Nations agencies. Some responses underlined the need for better coordination among United Nations agencies (10%). Others pointed to the need for the United Nations to coordinate the involvement of all external partners in the response including multilaterals, bilaterals and international non-governmental organizations (8%). Others underscored the need for better coordination between the United Nations system and governments (5%). Strengthening the commitment of the United Nations

system to the response (5%) and increasing their advocacy role (7%) were also seen as key priorities. Respondents from the Caribbean were significantly more likely to list strengthening advocacy as a priority.

IV.   Conclusions

The primary purpose of this evaluation was to document the status of United Nations coordination on HIV/AIDS at country level in 1997. Since the UN Theme Groups on HIV/AIDS is the coordination mechanism for United Nations action on HIV/AIDS at country level, this evaluation documented their status in terms of their functioning, their membership and key outputs. Also by comparing the 1997 results to information from the 1996 Status Assessment, improvements in United Nations system coordination on HIV/AIDS were documented. The questionnaires used cannot provide a measure of quality of Theme Group outputs, however, the results can be used as indicators of progress in Theme Group development.   The results suggest that UN Theme Groups on HIV/AIDS have made significant progress since 1996, although some areas still require improvement.

Key steps were taken by the Theme Groups to strengthen formal coordination, such as the establishment of terms of reference and a rotation cycle for the chairs. Most Theme Groups met on a regular basis. Most had established Technical Working Groups, more than half of which met frequently.

The increased level of commitment of the United Nations to the response to the HIV epidemic was also reflected in other ways. Most Resident Coordinators attended nearly all Theme Group meetings and most included Theme Group activities in their summary report to the Secretary-General. The majority of Theme Groups reported the regular representation of most Cosponsor Agencies in Theme Group and Technical Working Group meetings. In addition, a significant number of Theme Groups include membership of United Nations agencies other than the UNAIDS Cosponsors, including FAO, UNHCR, UNDCP and ILO.

Theme Group membership also increasingly includes partners from outside the United Nations system. Of particular importance is the regular interaction with senior government officials. Most Theme Groups indicated that the government was a regular participant in Theme Group meetings and Technical Working Groups, where they exist.

At the same time, UN Theme Groups on HIV/AIDS also made substantial progress in the completion of key outputs. A majority of Theme Groups adopted a coordinated approach to communicating with the national government and most have developed an inventory of United Nations HIV/AIDS activities. In addition, in almost half of the countries, the United Nations system participated in a coordinated way in the country situation analysis and in developing the national strategic plan. For all key output measures, performance increased in 1997. This increase is matched by the general perception expressed by the respondents to the national response questionnaire that the response to the epidemic had improved during the past twelve months.

Not surprisingly, the performance of UN Theme Groups on HIV/AIDS was very uneven among countries. While the overall performance showed improvement over 1996, many Theme Groups still have little to show for their efforts. In addition, reporting Theme Groups only comprise two thirds of all Theme Groups, one third of Theme Groups did not respond to

the questionnaire at all. It may be that these responses are biased toward better functioning Theme Groups.

A special effort should be made to improve the participation of the World Bank and to increase HIV activities among all Cosponsoring agencies of UNAIDS. Efforts have been made to address this during the past year through meetings of the Cosponsoring Agencies, and letters sent by UNFPA, UNICEF and UNDP to their country staff.

When there is no UNAIDS Country Programme Adviser to assist the Theme Group, UNAIDS Focal Points in the Cosponsoring agencies are clearly not able to devote sufficient time to UN coordination and action on HIV/AIDS. This illustrates the fact that strengthening UN coordination and action in this area requires additional resources that may be hard to identify in times of shrinking budgets in many agencies.

While the Theme Groups are increasingly successful in improving coordination between the national government and United Nations agencies, they have been less successful in involving other partners in the response to the epidemic. One clear message that emerged from the assessment was the need to strengthen the role and involvement of civil-society organizations in the response. Greater efforts should be made by Theme Groups to interact with non-governmental organizations, PLHA associations, academic/research institutions and the private sector in Technical Working Groups and other Theme Group fora.

About half of the Theme Groups reported that an integrated United Nations workplan had been prepared and approved which is an essential element in increased United Nations system commitment to action on HIV. However, judging from the plans that were sent with the questionnaires, many of these are plans for Theme Group activities rather than integrated United Nations workplans. The UNAIDS Secretariat will increase its efforts to provide assistance to Theme Groups and to individual Cosponsors in programming for HIV activities.

Less than one fifth of Theme Groups have conducted a performance assessment. This may be understandable given that 1997 was only the first or second year of operation of Theme Groups. Also, less than one fourth of Theme Groups reported that the United Nations integrated workplan on HIV/AIDS in their country included indicators to monitor progress.

The primary expectation from United Nations agencies pertains to their mobilization of resources to address the epidemic. HIV-related activities should increasingly be integrated into the programmes of all United Nations agencies.

The second most common expectation from the United Nations agencies is to increase the provision of technical expertise, technical training and sharing of information, especially best practice materials. Such provision should improve through the further development of interagency technical resource networks, facilitated by the UNAIDS Secretariat and Cosponsors.

Finally, there was a significant difference in the perceptions of United Nations and government participation in the strategic planning process. The majority of respondents rated the participation of the United Nations in strategic planning on HIV/AIDS as strong or very strong while less than half of them rated the participation of the government as strong or very strong. For the process to be successful, it is essential that national strategic plans are led and fully owned by governments.

ANNEX 1

Countries with established Theme Groups

Sub-Saharan Africa	North Africa and Middle East	Asia
Angola	Algeria	Afghanistan
Benin	Egypt	Bangladesh
Botswana	Jordan	Bouthan
Burkina Faso	Lebanon	Cambodia
Burundi	Morocco	China
Cameroon	Oman	India
Central African Republic	Sudan	Indonesia
Chad	Syria	Iran (Islamic Republic of)
Comores	Tunisia	Iraq
Congo	United Arab Emirates	Laos
Côte d'Ivoire	Yemen	Malaysia
Democratic Republic of Congo	**Caribbean**	Maldives
Djibouti	Bahamas	Mongolia
Equatorial Guinea	Barbados	Myanmar
Eritrea	Belize	Nepal
Ethiopia	Cuba	Pakistan
Gabon	Dominican Republic	Philippines
Gambia	Guyana	Republic of Korea
Ghana	Haiti	Sri Lanka
Guinea	Jamaica	Thailand
Guinea Bissau	Suriname	Viet Nam
Kenya	Trinidad and Tobago	**Pacific**
Lesotho	**Latin America**	Fiji
Liberia	Argentina	Papua New Guinea
Madagascar	Bolivia	Samoa
Malawi	Brazil	**Europe**
Mali	Chili	Albania
Mauritania	Colombia	Armenia
Mauritius	Costa Rica	Azerbaijan
Mozambique	Ecuador	Belarus
Namibia	El Salvador	Bosnia and Herzegovina
Niger	Guatemala	Bulgaria
Nigeria	Honduras	Georgia
Rwanda	Mexico	Kazakhstan
Sao Tome and Principe	Nicaragua	Latvia
Senegal	Panama	Lithuania
Seychelles	Paraguay	Poland
Sierra Leone	Peru	Rumania
Somalia	Uruguay	Russian Federation
South Africa	Venezuela	Tadjikistan
Swaziland		Turkey
Togo		Turkmenistan
Uganda		Ukraine
United Republic of Tanzania		Uzbekistan
Zambia		
Zimbabwe		

ANNEX 2

Responses to Theme Group Questionnaire by Country and Sub-Region

Sub-Saharan Africa
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Central African Republic
Chad
Comores
Côte d'Ivoire
Democratic Republic of Congo
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guinea
Kenya
Lesotho
Madagascar
Malawi
Mauritania
Mozambique
Nigeria
Rwanda
Senegal
South Africa
Togo
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

North Africa and Middle East
Algeria
Egypt
Lebanon
Morocco
Oman
Sudan
Tunisia
Caribbean
Barbados
Cuba
Guyana
Jamaica
Suriname
Trinidad and Tobago
Latin America
Brazil
Ecuador
Guatemala
Mexico
Nicaragua
Panama
Peru
Uruguay
Venezuela
Europe
Albania
Armenia
Azerbaijan
Belarus
Bosnia and Herzegovina
Bulgaria
Kazakhstan
Latvia
Poland
Rumania
Russian Federation
Turkmenistan
Ukraine

Asia
Bangladesh
Bhoutan
Cambodia
China
India
Indonesia
Iran (Islamic Republic of)
Iraq
Laos
Malaysia
Mongolia
Nepal
Pakistan
Philippines
Republic of Korea
Sri Lanka
Thailand
Viet Nam
Pacific
Fiji
Samoa

ANNEX 3

Responses to National Response Questionnaires by Country and Sub-Region

Sub-Saharan Africa		North Africa and Middle East		Asia	
Angola	2	Algeria	4	Bangladesh	8
Benin	11	Egypt	2	Bhoutan	1
Botswana	7	Jordan	8	Cambodia	13
Burkina Faso	20	Lebanon	5	China	18
Burundi	6	Morocco	5	India	5
Cameroon	8	Oman	1	Indonesia	10
Central African Republic	25	Tunisia	2	Iran (Islamic Republic of)	5
Chad	17	Yemen	1	Iraq	2
Comores	5	**Caribbean**		Laos	11
Côte d'Ivoire	19	Bahamas	1	Malaysia	10
Democratic Republic of the Congo	17	Barbados	15	Maldives	2
Equatorial Guinea	2	Belize	1	Mongolia	12
Eritrea	4	Cuba	10	Myanmar	4
Ethiopia	17	Dominican Republic	6	Nepal	12
Gambia	7	Guyana	3	Pakistan	11
Ghana	14	Haiti	1	Philippines	14
Guinea	3	Jamaica	2	Republic of Korea	1
Kenya	8	Suriname	3	Sri Lanka	11
Lesotho	9	Trinidad and Tobago	3	Viet Nam	6
Liberia	1	**Latin America**		**Pacific**	
Madagascar	19	Bolivia	7	Fiji	8
Malawi	17	Brazil	11	Papua New Guinea	1
Mali	4	Chile	7	Samoa	7
Mauritania	15	Costa Rica	1	**Europe**	
Mauritius	1	Ecuador	6	Albania	7
Mozambique	21	El Salvador	14	Armenia	4
Namibia	6	Guatemala	17	Azerbaijan	7
Niger	8	Honduras	11	Belarus	17
Nigeria	14	Mexico	8	Bosnia and Herzegovina	6
Rwanda	2	Nicaragua	4	Bulgaria	8
Sao Tome and Principe	8	Panama	6	Kazakhstan	8
Senegal	2	Paraguay	1	Latvia	6
South Africa	1	Peru	10	Poland	2
Sudan	2	Uruguay	2	Rumania	12
Swaziland	2	Venezuela	12	Russian Federation	7
Togo	10			Turkmenistan	6
United Republic of Tanzania	12			Ukraine	8
Uganda	15				
Zambia	16				
Zimbabwe	7				